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ABSTRACT

The report examines reasons for widely different proportions of handicapped children identified in 24 local school districts across six states and surveys the implementation of special education programs in those districts. Interviews are said to have been conducted with over 1000 persons, including students, teachers, parents, administrators, and advocacy group representatives. Among findings concerning identification of children are data collection problems, variation in diagnosis and resource availability, and delays in federal approval of state plans. The second part of the report addresses the status of special education today, with analysis of eight problems (such as inadequate resources, isolation of regular and special education, artifical and arbitrary eligibility requirements for special education, and implementation problems with individualized education plans and least restrictive environment principles). Issues briefly covered include identification of minority students, deinstitutionalization, and regular teacher education. (CL)

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SERVICE DELIVERY ASSESSMENT

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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EDUCATION FOR THE HANDICAPPED

"Special education is survival education"

(classroom teacher)

EC 120453

REGIONS VIII AND X
WITH I, IV, V, VI, IX

MAY 1979

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This report is based on a draft report dated April, 1979.

INTRODUCTION

When P.L. 94-142 was enacted in 1975, it was estimated that about 12% of school aged children in the United States were handicapped; however, federal child counts for the 1977-78 school year indicated that only 7.3% of school-aged children were being served by special education programs. Early work in Phase I of this assessment* showed widely different proportions of handicapped children among local school districts (ranging from 0% in some cases to over 20% in others). The purpose of Phase II of this assessment was to 1) identify the reasons for widely different proportions of handicapped children and 2) obtain a perspective from the field on the implementation of the special education programs.

Field work was conducted in 24 local school districts in six states. The districts were selected to represent a balance of high and low percentages of special education enrollment. The actual sample, however, was weighted towards 'high districts' (two-thirds of the sample) because of discrepancies between state agency and local school district reports. Two-thirds of the districts were characterized as rural. The numbers and percentages which appear in this report are intended to give the reader a sense of how study participants responded to certain questions, but the data is not intended to be statistically reliable.

Interviews were conducted with over 1000 persons (an average of 40 persons in each district), distributed among the following categories:

Students (special and regular education)	212
Parents (special and regular education)	200
Teachers (special and regular education)	340
Regular Education Administrators (school board members and principals)	96
Special Education Administrators (state and local directors and evaluators)	95
Representatives of Advocacy Groups for the Handicapped	90

Summary of 'High/Low' District Differences

The major concern of the Bureau of Education for the Handicapped at the onset of the Assessment was to determine why some school districts have identified high percentages of handicapped children where others have identified very few children. This assessment found some common factors which affect enrollment in special education programs, but the proportion of children identified as handicapped is of no value in explaining the quality of special education programs in individual school districts.

*The results of Phase I are summarized in Tab C.

I. IDENTIFICATION OF CHILDREN

A primary objective of P.L. 94-142 is to identify all handicapped children requiring special education services. This section examines why fewer children have been identified through the program than were estimated for the Congress in 1975.

A common misconception about handicapped children in special education is that these children are primarily visibly handicapped individuals who have previously been kept at home or in institutions. While it is true that some of these children are now attending public schools for the first time, the vast majority of children in special education have always attended public schools, but have had serious difficulty in school. These children are most often described as mentally retarded, emotionally disturbed, speech impaired and learning disabled.

A. Why is there a discrepancy between the actual count of students in special education and estimates of the incidence of handicapped children?

1. There are problems with data collection methods.

   - Some handicapped children are receiving services and are counted in other federal programs such as Title I, Vocational Education and Bilingual Education. Conversely, there are some children in special education who are not handicapped, but are there because they have a problem and the district does not have an appropriate program for them.

   - Children in state institutions are excluded from the child count. They are counted separately in accordance with P.L. 89-313 requirements.

   - Some child count data is inaccurate as a result of administrative errors. Federal data is based on state figures which are obtained from local school districts. One district in the 24 district sample actually had 6% handicapped students but was recorded as having zero percent simply because of a late report. Two other districts, which were members of 'cooperative districts', were recorded as having zero percent but actually had percentages of 10% and 12% handicapped students.

2. There are a significant number of handicapped children who are eligible for and need special education services, but are not in the program. Although this assessment did not attempt to estimate actual counts of unserved children, we can characterize them as follows:

   - Pre-school children and older teenagers. The assessment found that handicapped pre-school children and older teenagers (high school dropouts and 18 to 21 year olds) are largely unserved by special education programs. Field teams reported that many school officials view their responsibilities as serving only children between the ages of 6 and 18. Many parents appeared to be unaware that younger and older children are eligible for special education services. Almost 60% of the school personnel and public interest group representatives indicated there are many handicapped 18 to 21 year

olds who could benefit from further education and training. A third of the respondents, including nearly half the principals and special education teachers, had little knowledge about the current status of these children.

- Children in regular classrooms. Three-fourths of the respondents said there are unidentified handicapped children in regular classrooms who need special education services. Many of these children are thought to be learning disabled and emotionally disturbed.

B. Why are handicapped children left out of the program?

Percents of handicapped children in special education ranged from 1.9% to 19.4% among school districts in the sample. Several explanations for these wide variations surfaced:

1. Availability of resources

> "It doesn't do any good to identify them if we can't do a thing about their problem." (high school principal)
>
> "The rate of identification has everything to do with what the evaluator knows the school will be able to do for the child. If the school has a good program for Type A students and no way to serve Type B students, only the Type A will be identified. Identification usually hangs on realism and practicality." (local special education director)

School districts with more special education staff, facilities, and services identify more children needing special help. One district recently lost its speech and hearing therapist. Although 27 children had been identified as needing speech or hearing therapy while the therapist was employed, none are currently identified. In another district, only classes for the mentally retarded are offered. This district has identified 28 mentally retarded children, but no other types of handicapped children. One urban district reported having a waiting list of 1000 children who cannot be served due to insufficient resources. Such delays discourage additional referrals.

2. Diagnosis of children

Diagnostic practices and the definitions of handicapping conditions vary widely within and among states and can lead to both the under or over identification of children within a school district. Children classified as handicapped in one district may be regarded as 'slow learners' or 'behavior problems' in another. Some districts with high educational standards identify children who would not even be considered to have learning problems in other districts. The types of screening procedures, tests, observations and other evaluation tools used in a district, as well as the skills of the diagnostician in interpreting the results of the evaluation, can heavily influence the percentage of children identified as handicapped. Even with sophisticated evaluation tools and competent staff, it

is frequently difficult to determine whether a child's 'learning problem' is due to an actual handicapping condition or other factors such as socioeconomic deprivation or cultural differences. The diagnosis of minority students and children with mild disorders pose particular problems in this regard.

3. Attitudes of school personnel, other professionals and the community

> "There is a direct correlation between the enthusiasm of the school district, the receptiveness of the community, and the number of children identified." (local special education director)

The attitude of regular classroom teachers and other school personnel toward referring a child for an evaluation is also critical. Some teachers are reluctant to make a referral while others place pressure on special education staff to take the 'behavior problems'. School personnel also differ in their ability to recognize and to cope with handicapping conditions.

C. Do reimbursement practices influence identification?

- In FY 78, federal funds accounted for approximately 9% of federal/state funds spent on special education. Since local funds are also used for special education programs, the overall federal share is actually quite small. It is unlikely that school districts 'recruit' mildly handicapped children to maximize federal funds.

- Reimbursement systems vary widely from state to state and are different from the federal reimbursement system. Most states in the study use cost related factors as a basis for reimbursing school districts. There was no clear cut preference for 'flat grant' or 'cost related' methods of reimbursement, although some respondents did express a strong preference and rationale for one method as opposed to the other. Some regulations and reimbursement practices do negatively influence the program, (i.e., the way a child is labeled, the type of setting provided and the numbers of children identified).

- Federal and state funds are used in different ways, but are largely compatible. In one state concern was expressed about 'maintenance of effort' requirements. If state and local funds are reduced, this problem is expected to increase as the program continues to grow.

- Excessive delays in federal approval of state plans have hampered reimbursement and effective programming in some states.

D. What are the projections for the future?

While it is difficult to assess the accuracy of the 12% national incidence figure originally projected when P.L. 94-142 was enacted, it is significant to note that 62% of the respondents expect the number of children in special education to

continue to increase over the next few years. Administrators in all six states predicted an overall increase in the proportion of handicapped children. Respondents from districts with low enrollments of handicapped children expect substantial future growth, while those from districts with a high proportion of children already identified expect only a slight increase or a 'leveling off'. Increases will most likely occur as the result of more mildly handicapped children being identified and referred to special education.

Respondents predict increases because:

- Anticipated fund increases will result in more programs, services, and school personnel to serve handicapped children.

- Evaluation and diagnostic procedures will improve. Regular teachers will be better trained to recognize handicapped children.

- Better outreach programs and increased public awareness are resulting in changing community attitudes. As parents become less concerned about the stigma of special education, they will increasingly go to the school for help.

- Society is producing more handicapped children due to lack of stimulating home environment, disruptive family situations, emotional disorders, and increased teenage pregnancies and other high-risk births.

- The deinstitutionalization of children from state schools will send more handicapped youngsters to local school districts.

Respondents who expect a decrease in enrollment cited such reasons as funding cutbacks, a reduced number of children with birth defects and the earlier identification of handicapped children, resulting in an earlier remediation of the problem.

II. THE VIEW FROM THE FIELD - STATUS OF SPECIAL EDUCATION TODAY

This assessment broadly examined the special education program. Only the most significant findings are presented in this report. A listing of additional issues addressed in the study follow this section in Tab A; full discussion of these issues is presented in the Technical Report.

A. What do people think of the program?

> "I think it is a fantastic program. Don't cut it. It is very important. An awful lot of kids are functioning who wouldn't be if it weren't for special education." (special education parent)
>
> "Extra reading help in a resource room led to a complete reversal in my son's behavior. He was very unruly...and was beginning to get into trouble with the law. He was getting more and more frustrated because of his problems in school. He needed something he could do. The special reading class helped him gain that sense of control and get a hold of himself. He's quite a different person now." (parent of a learning disabled junior high student)
>
> "Last year her parents wanted her to go to an institution, but we persuaded them to let us work with her for a year. When we started her hand was so crippled she couldn't hold a crayon and she threw tantrums all the time. Now she colors beautifully and the tantrums are gone. She's even reading basic words. I just can't believe the difference and neither can her parents." (special education teacher about a mentally retarded seven year old)

The single most striking finding of the assessment is the overwhelming positive reaction to and support for special education programs. Ninety percent of the respondents said they would place a handicapped child of their own in the local special education program. Both educators and parents were proud of the staff and program. Many children are now receiving needed special assistance and services which were non-existent a few years ago. There have been positive changes in community and school attitudes towards handicapped children. "It's come a long way in a short time" was an expression heard repeatedly. People want to be sure that the Secretary knows how important special education is to the children and the community.

B. What Are The Problems?

1. Resources are inadequate to meet the requirements of the law; funding, based primarily on local and state taxes, is particularly unstable now due to taxpayer revolts.

Three-fourths of the respondents said they do not have adequate resources to fulfill their responsibilities. Respondents cited shortages of funds for adequate personnel (special education teachers and diagnostic/therapeutic specialists), additional facilities, equipment and materials. Regardless of available money, problems of attracting qualified personnel in rural areas, and an overall shortage of bilingual/bicultural personnel and materials for minorities and non-English speaking children were found.

Respondents stressed the need for more stable funding for all education programs. Ninety-three percent of the state and local special education directors, school board members and public interest group representatives stated that it would be considerably more difficult to support school programs from local taxes in their areas in the near future. Two of the six study states had recently passed property tax limitation initiatives and respondents expect that this would adversely affect education budgets at both state and local levels.

A 'backlash' against special education is occurring in some places and anticipated in others. This backlash ranges from general taxpayer dissatisfaction with government spending to resentment of regular education personnel and parents towards special education. Some taxpayer resentment stems from inability to see visible benefits from special education. "It's hard to sell a program to the public when you have little or no information about what happens to the children once they leave school." In districts where education cutbacks are necessary, regular teachers are angry that they are experiencing 'lay offs' while more special education teachers are being hired. Parents are upset when they see how much smaller special education classes are compared with regular classrooms.

Some people expressed concerns about actual and potential court suits being brought as shrinking budgets force children to be 'dropped' from special education classes.

2. Special education and regular education are in danger of developing into two isolated systems.

One of the most disconcerting problems identified in this study is the lack of regular education teacher involvement in special education. Almost 40% of the regular teachers participating in the study indicated they are not involved in decisions concerning special education children. Over a third of regular teachers did not know if children had written IEPs. Where regular teachers are involved, their role is generally limited to providing observation of the child.

Special education personnel complain about the lack of regular teacher involvement and think regular teachers are too dependent on special education staff opinions. Conversely, regular teachers say they are often 'left out' of the process or their opinions are only marginally considered. There are several reasons why regular teachers are not actively involved. In some cases, regular teachers are openly hostile to the smaller class sizes, the availability of teacher aids and the 'specialist label' given special education personnel. Sometimes regular teachers feel personally inadequate to identify and work with handicapped children or feel that special education is not part of their job. Often the problem is simply a lack of time and/or scheduling conflicts.

Two negative effects appear to result from this situation. First, the mainstreamed child receives help for his problem for a specified time period, but this assistance is not reinforced during regular classroom time. Since most handicapped children spend a lot of time in regular classrooms, the role of the regular teacher is pivotal to educational development. Second, shrinking educational resources resulting in overcrowded classrooms make it increasingly difficult for regular teachers to work with handicapped children. As this occurs, regular teachers will have less time to work with troublesome or slow learning children in their classes, thus creating a greater need for special education settings.

Practical solutions to these problems are elusive. Team members observed that the attitude and involvement of the school principal has a significant impact on how well the regular and special education teachers cooperate. Respondents frequently mentioned the need for additional and more relevant training, particularly for regular education teachers and principals. Restructuring of the program to use special education personnel to improve the ability of regular teachers to work with handicapped children was suggested as an alternative to the current emphasis on individual attention given outside the classroom to handicapped children.

3. Differences in eligibility and program services between handicapped education and other remedial education programs are often artificial and arbitrary, which can result in inappropriate placements for children.

   - One district with no bilingual program has placed the entire Indochinese student population in handicapped education.

   - In some districts placement in handicapped education is based on test scores. "The lowest 10% go into special education and those ranging from 20% to 30% go into Title I. The rest are in regular classrooms." (Title I Coordinator)

   - In another district, Title I provides only math classes, while handicapped education provides only reading classes. Children needing remedial help frequently attend both classes.

   Several administrators stated that federal education programs provide similar or identical services to overlapping target groups. Each set of regulations requires the maintenance of separate administrative systems which are frequently costly and sometimes create barriers to effective service delivery. The value of categorizing federal assistance was questioned.

4. Individual Education Plans (IEP) and Least Restrictive Environment (LRE) are universally supported as concepts, but commitment appears questionable due to practical implementation problems.

   Study respondents expressed broad support for developing and using IEPs and placing handicapped children in the least restrictive environment but team members observed that this support is shallow due to significant practical implementation problems. The development and use of an IEP involves a

substantial amount of paperwork and meeting time, which takes teacher time away from the classroom. Mainstreaming is acceptable to teaching staff as long as the child is not 'too disruptive' and does not take 'too much time away from other children.

5. High School curricula are weak; respondents, especially children, parents and special education personnel, want more relevant education.

> "My reading class is stupid. Like the story today is about a mouse in a paper ship racing an oceanliner. How stupid can you get? These stories have nothing to do with the real world. Tell (Secretary Califano) to tell the President I think the solar energy tax rebate is a good idea. So are the fuel economy standards." (student)

Special education programs are weak at the junior high and high school levels. There are fewer programs and less interaction between regular and special education teachers in the secondary schools. There is also less parental involvement. Because secondary teachers usually teach over 200 children a day, personalized attention is rare. "Secondary teachers teach subjects; elementary teachers teach children." (local special education director)

Respondents clearly felt that current high school curricula need four major improvements.

- More individualized attention is needed both at the elementary and secondary level.

- Vocational training, counseling, and greater emphasis on development of prevocational skills. Many respondents (70% were teachers and parents) stressed the importance of developing salable job skills and financial independence through better vocational programs, sheltered workshops, providing a transition from job training to employment, and improving coordination between the schools, vocational rehabilitation facilities, and adult/child development centers. In two school districts with strong vocational education programs, a low drop out rate among students in special education was noted.

- Practical daily living and socialization skills. Respondents stressed the importance of teaching older handicapped children practical skills such as cooking, cleaning, marketing, personal hygiene, and utilizing community resources to encourage independence and develope a strong sense of self-worth.

- Academic skills. Students and parents don't want the special education program to be a 'watered down' version of the regular education curriculum. Eighty-two percent of those who stressed the need for more emphasis on academic skills were special education parents and students.

6. Parents are not substantially involved in decisions affecting their children.

Although 85% of the parents of special education students said they were involved in decisions affecting their children, school personnel estimated only about half the parents are actively involved. Special education parents were asked if their children had written IEPs. While only 7% said 'no', another 25% did not know. Field team observations indicated a significant amount of confusion among parents concerning IEP processes and confirmed lower levels of active involvement than indicated by the parents.

'Active involvement' is usually limited to providing information on the child's background, being informed of parental rights and school programming decisions, and, to a lesser extent, reinforcing the child's school experiences at home. It is not common for parents to make substantive contributions to the development of the educational program or to help monitor the child's progress.

Although many school personnel said parents 'won't come to the meetings', the fact that 44% of the parents said they want to consult with school officials more often suggests that apathy alone doesn't keep them away. Some parents are said to have an "appalling amount of trust in the educational community". Others fear retribution against their children if they are overly aggressive. Some feel personally inadequate to deal with the complexities of special education or their child's handicapping condition. In some cases, parent involvement is effectively precluded by the scheduling of conferences during work hours.

Some schools actively encourage parent participation with mixed results. On the other hand, a few teachers openly resented parent involvement, "My Masters Degree means nothing in this process because I am to be supervised in it by some backwater parent with a third grade education." A more common teacher sentiment is, "Sure I believe that the parents need to know, but realistically, the professionals should plan and inform and not be guided by parents in this process."

Many respondents, particularly parents and advocacy groups, identified parent involvement as a major problem area which should be discussed with the Secretary. These individuals feel that parents must be more involved because they are the key to the child's future development. A few other persons, who feel that current parent involvement is not useful and is conducted for compliance purposes only, recommend removing this requirement.

7. Schools are largely isolated from other service providers in the community.

Referrals for related services occur infrequently, if at all. Seventy-three percent of all respondents, including most of the school personnel, stated handicapped children and their families need services which the schools can not provide. Services mentioned most frequently include: psychological/family/parent counseling and social services (57%) and health services (23%). Other services mentioned include financial counseling and aid, recreational services, vocational training, and transportation.

Although referrals to other service providers are sometimes made by concerned individuals, schools appear to operate independently of community service organizations. About 50% of all respondents said the schools could provide referrals, at least in some cases, but another 42% of all respondents (including 80% of the parents) didn't know whether the schools ever provided help in finding related services. Of these who said the schools could provide referrals, few if any were able to cite any specific example when this had occurred.

Many schools don't consider referral or follow up as an appropriate school function and many parents don't expect or request this assistance. An insufficient number of service providers and lack of transportation are particularly common in rural areas. Some schools employ social workers to facilitate a liaison between the school and other service providers, but this is another drain on limited resources. Very few schools have cooperative arrangements to get services through EPSDT and other programs.

8. Early identification and treatment is universally supported, but little is done to help young children

Almost half of the special education parents interviewed in this study said their children were identified as having a handicapping condition before the age of six, yet there is little help available for pre-school children or their parents.

Almost one-fourth of all the special education parents (half of whose children are learning disabled) said their child's problem could have been identified earlier. Parents and professionals seemed to blame each other for failing to identify a child's handicapping condition earlier. Some regular teachers expressed frustration with parents who do not offer information or not aware of the child's problem. "Parents are sometimes great ostriches, and they don't want to admit that their child has a problem." Conversely, some parents complained that they were aware of early childhood problems, but had great difficulties in obtaining a confirming diagnosis from professionals. In one state a strong anti-physician feeling was expressed by parents in all four sampled school districts.

Factors which discourage early identification include:

- lack of resources for pre-school treatment.
- inadequate diagnostic methods.
- lack of widespread screening of young children.
- parent and teacher concerns about the stigma of 'labeling' a child with a handicapping condition, particularly in school districts where the special help received will 'set the child apart' from regular students by placing him in a self-contained classroom.
- regulations which inhibit or preclude the early identification of some types of children. Examples of these rules include the establishment of ceilings on percentages of all or specific types of handicapped children for reimbursement purposes, and restrictive eligibility requirements (in

one state a learning disabled child must be at least 40% below grade level in order to qualify, which in practice generally means a child is not eligible for special education until the fourth grade).

Many respondents, particularly teachers and parents, argued for increased emphasis on early identification and treatment: "Early identification is preventive medicine...If we use our money at the beginning, we can achieve more and save money over the long term..."Only about 20% of the kids I'm teaching now will need extra help by junior high school." Practical solutions to this problem will require much stronger relationships between schools and other service providers.

Additional Findings/Issues

1. Minorities - Are high proportions of minority children being identified as handicapped? If so, why?

   * Almost half the study respondents believe that minorities are over-represented (primarily in states with high minority percentage) or under-represented (primarily in states with low minority percentages).

   * About half the evaluators in the study school districts stated they do not adapt testing methods for cultural or regional differences.

2. Mainstreaming - What are the effects of mainstreaming on the children as seen to date?

   * Mainstreaming encourages social interaction with regular kids, but special education children are not treated equally.

3. Individual Education Plans (IEP) - Are IEPs a viable planning and management tool?

   * In many cases IEPs were prepared for compliance reasons and not actually used.

   * Respondents strongly felt that IEPs should be modified and provided recommendations.

4. Special Education Goals - What kind of future do parents, teachers and children want for handicapped youngsters? Is progress toward such goals being accomplished?

   * Study respondents view long range special education goals in terms of what happens to the children after they complete school. They stress that handicapped children should strive to function in society mastering basic life and social skills, including employment, as much as individual handicaps allow.

   * Most study participants felt that these goals are being achieved; however, there is little, if any, documentation of goal accomplishment.

5. Public Awareness/Outreach - Is the public aware of the needs and capabilities of the handicapped?

   * Study participants frequently mentioned a need for more public awareness/outreach activities to sensitize the general public to accept the abilities of handicapped persons and the need for more employment opportunities.

   * Public awareness functions should include information on less visible milder handicapping conditions as well as the severely disabled.

6. Deinstitutionalization - Are recent deinstitutionalization practices resulting in a sudden upsurge in the number of severely handicapped children enrolling in local public schools?

   * Significant numbers of deinstitutionalized children are found in school districts where state institutions are located. Not much is known about the effects of deinstitutionalization on schools and children in other school districts. This issue should be studied further.

7. Training for School Personnel - Are regular education teachers and administrators properly prepared to handle handicapped children?

   * Study participants stressed the need for more pre-career and in-service training for teachers, principals and school administrators.

   * Current training is said to be insufficient and irrelevant. Training needs to be more focussed on practical areas of identification and working with handicapped children.

8. Transportation - Are transportation arrangements so expensive or difficult that handicapped children are still being left at home or experiencing other inconveniences?

   * About one-fourth of study respondents described problems with transportation of special education students, including in a few cases children being left at home or parents having to make their own arrangements.

   * Rigid transportation schedules effectively preclude participation of handicapped children in school extracurricular activities.

9. Advocacy Groups - How active are advocacy groups? What roles do they play?

   * Respondents stated that advocacy groups for handicapped children can provide several useful functions. Few advocacy groups were found in most local school districts.

10. Federal Administration - How well is the federal government doing its job in serving its clients, the state and local education agencies?

    * Further study should be conducted on the relationship of federal and state reimbursement practices for special education and the effects of the practices on the program.

    * Many special education administrators would like federal assistance in coordination of federal programs, research for more effective treatment methods, guidance in development of IEP classification systems, etc.

Tab B

How does a child get into special education?

- Referral

A child thought to be handicapped is referred to local special education department; generally the child is of school age with a learning or behavior problem and has been referred by the regular teacher.

- Evaluation

Special education department notifies the parent who agrees to have an evaluation done. Child is observed, given tests, and if required, a medical examination. Special education decides if child is eligible. If parents don't concur with decision, there are provisions for appeal.

- Individual Education Plan (IEP)

Special education personnel (evaluator and teacher) convene a team meeting which should include regular teachers and parent(s) to determine the child's plan. The plan includes educational program, the setting for the child's placement and any necessary related services. Parents should sign plan or appeal the decision.

- Program

The child should then receive the educational and related services as designated in the plan. Most districts have several options for the child's placement. Primary ones are:

* Resource room/regular classroom: Part of child's time spent in resource room receiving specialized instruction; the rest of the time in regular class. Generally used for 'mildly handicapped' children.

* Self-contained classroom: All or most of day spent in classroom apart from regular classes; these children may have lunch, recess, gym, art or music classes with non-handicapped children.

* Self-contained school: All children in school are handicapped; may be the same types or different types of handicaps.

* Hospital/homebound students: These children receive some instruction/-services from public education personnel at home or in the hospital.

Tab C

Summary of Phase I: Education for the Handicapped

The assessment was conducted in two phases. Phase I provided a statistical analysis of factors contributing to the wide variation among school districts in special education enrollment. The principal findings were:

- districts with a high proportion of minority students showed a lower proportion of handicapped students;
- districts with a high proportion of handicapped students showed significantly higher proportions of four handicapping conditions: mental retardation, emotional disturbance, speech impairment and learning disabilities.

Thirteen (13) states in the sample.

- 2250 unified school districts
- 9,610,555 students

Characteristics:
Population:

- Median unified school district population = 1500
- Mean unified school district population = 4271
- 8% of total students in schools districts with less than 1500 students; 92% of population in districts with over 1500 students.

Minorities:

- Median % of minority students = 2%
- 23.2% of districts = 0 - .5% minority populations
- 19.2% of districts = 25% + minority populations

Reported handicapped:

- Average percent of reported handicapped = 8.2%
- State averages range from 6.1% to 11.8%

Relationships:

- No statistically significant relationship between size of school districts and reported percent of handicapped
- Significant inverse relationship between percent of minority enrollment and reported percent of handicapped.

Comparisons of "high" and "low" districts:

Also selected 194 school districts with low reported handicapped (3.4%) and 194 school districts with high reported handicapped (14%). The "high" and "low" groups matched as to size and minority characteristics.

Geographic location of district: (98 lows, 114 highs)

- No significant differences between highs and lows as to urban, urban core, suburban or rural.

Average cost per pupil/average cost per handicapped

- No difference between high and low districts in average expenditure per student, elementary or secondary
- No difference in average expenditure per handicapped student, elementary or secondary
- At secondary level "highs" report average expenditure of $400/per student more than "lows".

Rates of handicapped by handicapping condition

At elementary level, "highs" report more handicapped in every category with exception of Deaf/Blind. Significant differences in:

- Mentally retarded (2 times more)
- Seriously emotionally disturbed (5 times more)
- Speech impairments (3 times more)
- Specific learning disabilities (2 times more)

At secondary level, "highs" report more handicapped in every category with exception of deaf/blind. Significant differences in:

- Mentally retarded (2 times more)
- Seriously emotionally disturbed (2-1/2 times more)
- Speech impairments (2 times more)
- Specific learning disabilities (2 times more)

Number of FT equivalent school psychs, MSWs, speech/hearing therapists, nurses:

There were no significant differences between high and low districts in regard to the number of psychologists, therapists, and nurses employed.